Fill in this informati	on to identify your case:	
Debtor 1	Daniel Thomas Lorum	
Debtor 2 (Spouse, if filing)	Jessica Susan Lorum	
United States Bank	kruptcy Court for the: EASTERN DISTRICT OF WISCONSIN	
_	18-23131	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part	1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional employers.	Employment status Occupation	■ Employed □ Not employed	■ Employed □ Not employed Foster Care Case Management
	Include part-time, seasonal, or self-employed work. Occupation may include student	Employer's name	First Choice Heating and Cooling	Foundations
	or homemaker, if it applies.	Employer's address How long employed the	ere?	
Part	Give Details About Mon	thly Income		

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 5,490.83 5,200.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. +\$ 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 5,200.00 5,490.83

Official Form 106I

Case 18-23131-gmh Doc 94 Filed 04/12/23

MM / DD/ YYYY

Case number (if known) 18-23131

			For	Debtor 1		Debtor 2 or filing spouse	
	Copy line 4 here	4.	\$	5,200.00	\$	5,490.83	
5.	List all payroll deductions:				·		
	5a. Tax, Medicare, and Social Security deductions	5a.	\$	793.78	\$	1,098.74	
	5b. Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	329.46	
	5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e. Insurance	5e.	\$	698.58	\$	555.47	
	5f. Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g. Union dues	5g.	\$	0.00	\$	0.00	
	5h. Other deductions. Specify: Hosp Ind Hig	5h.+		50.48	- \$	0.00	
	Vol Life		\$_	36.88	\$	0.00	
	Accident HIG		\$_	27.69	\$	0.00	
	Crit III 10K		\$_	15.38	\$	0.00	
6.	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	1,622.79	\$	1,983.67	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	3,577.21	\$	3,507.16	
8.	List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b. Interest and dividends	8b.	\$_	0.00	\$	0.00	
	8c. Family support payments that you, a non-filing spouse, or a depen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	ndent 8c.	\$	0.00	\$	0.00	
	8d. Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e. Social Security	8e.	\$	0.00	\$	0.00	
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assist that you receive, such as food stamps (benefits under the Supplementa Nutrition Assistance Program) or housing subsidies. Specify:		\$_	0.00	\$	0.00	
	8g. Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h. Other monthly income. Specify: Mileage Reimbursement	8h.+	\$_	0.00	- \$	805.35	
9.	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	805.35	
10	Calculate monthly income. Add line 7 + line 9.	10. \$		3,577.21 + \$	13	12.51 = \$ 7	,889.72
10.	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	ιο. Ψ_		3,377.21 I V	-,5	- Ψ - Γ	,003.72
11.							
12.	Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of Capplies					Combine	
13.	Do you expect an increase or decrease within the year after you file this No.	form?				monthly i	income
	Yes. Explain:						
	L 100. Explain.						

						•		
	in this informa	ation to identify yo	our case:					
Deb	tor 1	Daniel Thom	as Lorun	n		Che	ck if this is: An amended filing	
	tor 2 ouse, if filing)	Jessica Susa	an Lorum	1		-	· ·	wing postpetition chapter the following date:
Unite	ed States Bank	ruptcy Court for the:	: EASTEI	RN DISTRICT OF WISCO	NSIN		MM / DD / YYYY	
	e number 18	3-23131						
		orm 106J						
		J: Your I			a filia a ta aath aa la		allu saas asaible fe	12/15
Part 1.	prmation. If monber (if know 1: Desc. Is this a join No. Go to Yes. Doe	nore space is neuron). Answer ever ribe Your House nt case? to line 2. es Debtor 2 live i	eded, attacy question chold in a separa		form. On the top of	any additi	onal pages, write y	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Son		6	Yes
					Son		9	□ No ■ Yes □ No
							_	☐ Yes ☐ No ☐ Yes
3.	expenses of	penses include f people other tl d your depende	han 🗖	No Yes				☐ Tes
exp	imate your e	a date after the b	our bankru	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this follower that the second s	orm as a su J, check th	upplement in a Cha ne box at the top o	apter 13 case to report f the form and fill in the
the		h assistance and		government assistance i luded it on <i>Schedule I:</i> \			Your exp	enses
4.		or home owners		ses for your residence. I r lot.	nclude first mortgage	e 4. \$	B	1,100.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. S	5	0.00
	4b. Prope	erty, homeowner's				4b. S	·	0.00
		maintenance, re	•			4c. \$	·	200.00
5.		owner's associat		dominium dues o ur residence, such as ho	me equity loans	4d. 5	·	0.00 423.00
٥.	, wantional	raage payiiit	y U	a coluctioe, such as HU	The equity loans	J. (423.00

Schedule J: Your Expenses Official Form 106J page 1

ebtor 1	Daniel Thomas Lorum			10.00101
ebtor 2	Jessica Susan Lorum	Case numb	oer (if known)	18-23131
14:1:	sion:			
Otili 6a.	ties: Electricity, heat, natural gas	6a.	\$	290.00
6b.	Water, sewer, garbage collection		\$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services		\$	391.00
6d.	Other. Specify:	6d.	\$	0.00
	d and housekeeping supplies	— 7.	\$	1,200.00
	dcare and children's education costs	8.	\$	379.00
_	hing, laundry, and dry cleaning	9.	\$	125.00
	sonal care products and services	10.	\$	100.00
	ical and dental expenses	11.	\$	550.00
	sportation. Include gas, maintenance, bus or train fare.		<u> </u>	330.00
	not include car payments.	12.	\$	700.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
Cha	ritable contributions and religious donations	14.	\$	0.00
Insu	rance.			
	ot include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.		0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance		\$	166.86
	Other insurance. Specify:	15d.	\$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.		•	
Spe	•	16.	\$	0.00
	allment or lease payments: Car payments for Vehicle 1	17a.	c	270.00
	1 7		•	276.00
	Car payments for Vehicle 2	17b.		0.00
	Other. Specify: Other. Specify:		\$ \$	0.00
	r payments of alimony, maintenance, and support that you did not report as		Φ	0.00
	ucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spe		19.	·	
	er real property expenses not included in lines 4 or 5 of this form or on Sche		ur Income.	
20a.	Mortgages on other property	20a.	\$	0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
Oth	er: Specify: Pet care	21.	+\$	100.00
	n membership		+\$	30.00
Cale	sulate your monthly expenses	[
	culate your monthly expenses Add lines 4 through 21.		\$	6,130.86
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	0,130.00
			· <u> </u>	C 400 00
22C.	Add line 22a and 22b. The result is your monthly expenses.		\$	6,130.86
Cald	culate your monthly net income.	ι		
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	7,889.72
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	6,130.86
		ſ		·
23c.	Subtract your monthly expenses from your monthly income.	00-	c	1,758.86
	The result is your monthly net income.	23c.	\$	1,130.00
D	ray average on insurance or desired in the control of the control	au fila 45'-	farm2	
	you expect an increase or decrease in your expenses within the year after your expenses within the year after your car loan within the year or do you expect you			ase or decrease because of a
	fication to the terms of your mortgage?	. mortgage p	aymont to more	add of additioned because of a
	res. Explain here:			

page 2

Schedule J: Your Expenses Official Form 106J

Fill in this information to identify your case:							
Debtor 1	Daniel Thomas Lo	Daniel Thomas Lorum					
	First Name	Middle Name	Last Name				
Debtor 2	Jessica Susan Lo	orum					
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		EASTERN DISTRICT O	OF WISCONSIN				
Case number	18-23131						
(if known)							

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below		
Did you pay or agree to pay someone wh	s NOT an attorney to help you fill out bankruptcy forms?	
No		
Yes. Name of person		nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
Under penalty of perjury, I declare that I h that they are true and correct. X /s/ Daniel Thomas Lorum	read the summary and schedules filed with this declarate	ion and
Daniel Thomas Lorum	Jessica Susan Lorum	
Signature of Debtor 1	Signature of Debtor 2	
Date April 12, 2023	Date April 12, 2023	

Official Form 106Dec

Declaration About an Individual Debtor's Schedules